


FROM :

FAX NO. : 321 783 3477

Apr. 28 2006 09:35AM P2

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # P04000009902			
1. Entity Name JEFF BENGAL SALES, INC.			
Principal Place of Business 545 LAKE AVE ALTAMONTE SPRINGS, FL 32701		Mailing Address 545 LAKE AVE ALTAMONTE SPRINGS, FL 32701	
DO NOT WRITE IN THIS SPACE			
		04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3782703	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FOSTER, JEFF 545 LAKE AVE ALTAMONTE SPRINGS, FL 32701		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000558298 05/17/06-80089-013 150.00  DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	FOSTER, JEFF S P		
STREET ADDRESS	545 LAKE AVE		
CITY- ST- ZIP	ALTAMONTE SPRINGS, FL 32701		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jeff Foster</i>		4/28/6 321-501-7447	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date Daytime Phone #	